

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6391

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 245

BIRTH NO.

07 OF DEATH ND 24 33 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Southside Osteopathic Hosp.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 413 Mahoney Ave.				
1 DENT ONAL 47 ATA 4 X 51	3. NAME OF DECEASED (TYPE OR PRINT) Floyd		A. (FIRST) A.		C. (LAST) COTHRUN		4. SEX M.	5. COLOR OR RACE W.	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 9 DAY 13 YEAR 04		8. AGE YEARS 47 MONTHS 2 DAYS 16		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher		
	9B. KIND OF BUSINESS OR INDUSTRY Ranch		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		
4301 USE OF ATH 0 M 18) 0	14A. FATHER'S NAME William A. Cothrun		14B. BIRTHPLACE (STATE OR COUNTRY) Tex.		15A. MOTHER'S MAIDEN NAME Ebbie Roberts		15B. BIRTHPLACE (STATE OR COUNTRY) Tex.		
	16. INFORMANT'S SIGNATURE Mrs. Maggie Cothrun		ADDRESS Mesa, Ariz.		17. DATE OF DEATH (MONTH) November (DAY) 29 (YEAR) 1951				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Hypertatic Pneumonia (B) Chronic Heart failure (C) Coronary thrombosis. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Alcoholism						
TIONS, 2 OPSY ATH + TO RNAL - ENCE -	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
ICAL ONER'S 52 CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 51, 1951, TO Nov 29, 1951, THAT I LAST SAW THE DECEASED ALIVE ON 11-28-51, AND THAT DEATH OCCURRED AT 12:50A FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	23A. SIGNATURE D. O.				23B. ADDRESS Mesa, Arizona		23C. DATE SIGNED 11-29-51		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-3-51		24C. NAME OF CEMETERY OR CREMATORY Mesa cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		
ERAL CTOR 33 ID TRAR 2	25A. DATE REC'D BY LOCAL REG. 11-30-51		25B. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR'S SIGNATURE M. L. Gibbons Mortuary		ADDRESS Mesa, Ariz. CERT. NO. 275R		
					27. EMBALMER'S SIGNATURE Raymond E. Clark				